

COMMUNITY CENTER MEETING SPACE RESERVATION FORM

Today's Date:

Name of Organization:

Street Address:

(No PO Boxes)

Responsible Person:

Telephone Number:

Work:

Home:

DATE OF DESIRED MEETING

TIME:

ROOM:

To be filled out by office

I understand and will abide by all rules and regulations outlined in this document.

Signature: _____

Print Name: _____

Reservation taken by: _____

Approved by: _____

Building Supervisor Received a copy of Rules for Meeting Room

Initial

MULTI-PURPOSE ROOM AND ROOM 110 WILL NOT BE AVAILABLE ON TUESDAYS